



Equine Massage/Muscle Therapy  
Andersonequinellc.com  
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Name of Owner: \_\_\_\_\_

Barn Name Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

When did you purchase this horse? \_\_\_\_\_

Current Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Farrier: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Any notable present or past health issues, injuries, surgeries, or behavioral concerns? Have they been resolved? \_\_\_\_\_

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Other than your vet, is your horse under the care of any other equine healthcare professional(s)?

Does your horse have any behavioral concerns such as nipping, fear, aggression, cribbing/wind sucking, stall aggression? If yes, please describe. \_\_\_\_\_

When was your horse last seen by a veterinarian and why? \_\_\_\_\_

When was your horse last shod or trimmed? \_\_\_\_\_

When were horse's teeth last addressed and by whom? \_\_\_\_\_

Has your horse ever had a massage? \_\_\_\_\_

What is your horse's current feeding program (including medications and supplements): \_\_\_\_\_

Describe housing (stall, turn out, etc.) \_\_\_\_\_

When were the saddle and tack last fitted? \_\_\_\_\_

Is your horse ridden in any other saddle besides your own? \_\_\_\_\_

In what discipline(s) is your horse currently trained, and are you aware of previous training in any other disciplines? \_\_\_\_\_

Are there any areas you feel he is currently sore/tight? \_\_\_\_\_

Does your horse bite, kick, have difficulty on cross ties, lifting his hooves, or any other vices I should be aware of? \_\_\_\_\_

Other Comments: \_\_\_\_\_